

September 1, 2015 through August 31, 2017



Post-Observation Conference Form

Must be completed within three working days of observation.

Teacher Name _____

Evaluator Name _____

Post-Conference Date _____

Observation Date _____

1. As you reflect on the lesson, to what extent were the students productively engaged in the work? How do you know?

2. Were your learning objectives met? How do you know, or how and when will you know?

3. Did you alter your goals or work plan as you taught the lesson? Why? How?

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4. Were your instructional strategies effective? If you had the opportunity to teach this lesson again, would you do anything differently? Why?

5. What would you like to focus on for the next observation? How can I help you with that focus? (Optional)

6. How can I support your continued professional growth?

Teacher Signature _____ Date _____

Administrator Signature _____ Date _____